DOCUMENT RESUME

ED 310 588 EC 220 792

AUTHOR Schulmeyer, Cynthia A.; And Others
TITLE Abuse and Neglect of Handicapped Children: Identification and Intervention by School Personnel.
PUB DATE 6 Apr 89
NOTE 12p.; Paper presented at the Annual Convention of the Council for Exceptional Children (67th, San Francicso, CA, April 3-7, 1989). Chart 1 contains small print.
PUB TYPE Speeches/Conference Papers (150) -- Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Abuse; *Child Neglect; Elementary Secondary Education; *Intervention; Prevention; *School Role; Sexual Abuse; Student Characteristics

ABSTRACT

This paper provides an introduction to the nature and extent of the various forms of child abuse, including physical injury, neglect, sexual abuse, and emotional maltreatment. It identifies the behavioral, emotional, and physical characteristics of abuse and neglect, as manifested within the school setting; lists factors that pose a risk for physical abuse; describes characteristics of handicapped children and characteristics of families with handicapped children; and briefly reviews the role of schools in child abuse prevention/intervention. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED310588

ABUSE AND NEGLECT OF HANDICAPPED CHILDREN: IDENTIFICATION AND INTERVENTION BY SCHOOL PERSONNEL

Cynthia A. Schulmeyer
Department of Counseling and Educational Psychology
Indiana University
Institute for Child Study
East 10th and Bypass 46
Bloomington, IN 47405

Albert H. Fink, Ph.D.
Department of Special Education
Indiana University

Karen Janssen, Ed.D.
Department of Special Education
Eastern Kentucky University

William Barton
Director, Joy Howe School
Columbus, Indiana

Nancy L. Waldron, Ph.D.
Department of Counseling and Educational Psychology
Indiana University

Presented at the 67th Annual Convention of
the Council for Exceptional Children
San Francisco, CA
April 6, 1989

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Cynthia A. Schulmeyer
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC 230 792

BEST COPY AVAILABLE

Abuse and Neglect of Handicapped Children:
Identification and Intervention by School Personnel

Abstract

Child abuse and neglect may be the most significant social problem facing the United States for the remainder of the century. In 1987, more than 1.7 million cases of child abuse/neglect were officially recorded; it is estimated, conservatively, that at least 2 to 3 times that number of children and adolescents actually experience significant abuse.

As a major social problem, child abuse and neglect rightly commands the attention of most segments of professional and lay community. Traditionally, within the professions, medicine, psychology, and social welfare, together with the courts, have been most directly involved in responses to the problem. The primary interface with professional education has been the level of identification and reporting. While this is a necessary and legally mandated response for all educators, a more profound role is envisioned: that of early intervention and systematic, proactive programming, throughout the curriculum.

A psycho-educational commitment by educators is warranted and imperative on professional grounds: by reason of the devestating negative impact of abuse and neglect on social, emotional, motor, and academic development. For education to fulfill its professional responsibility to every child in its care, to ensure their rights to optimum growth and realization of potential, then a decisive, seasoned approach to the problem as it is manifested in school becomes and ethical and professional responsibility for all educators.

The purpose of this session then is to:

(a) provide an introduction to the nature and extent of the various forms of child abuse, physical injury, neglect, sexual abuse, and emotional maltreatment.

(b) offer guidelines for identification and reporting within educational settings of suspected child abuse.

(c) identify the behavioral, emotional, and physical characteristics of abuse and neglect, as manifested within the school setting.

(d) discuss a "best practices" model of educational responses to abuse, considered within a psycho-educational framework.

(e) outline various interdisciplinary and community-based approaches, e.g. family and school linkages, mental health and school-based professionals.

WHAT IS CHILD ABUSE AND NEGLECT?

"The physical or mental injury, sexual abuse, negligent treatment or maltreatment of a child under the age of eighteen by a person who is responsible for the child and under circumstances in which the child's health or welfare is harmed or threatened thereby."

Federal definition contained in Child Abuse Prevention and Treatment Act (Public Law 93-247, 93rd Congress, Senate 1191, 1974)

Important Points:

1. under eighteen
2. responsibility of caretaker (not strangers)

TYPES OF ABUSE

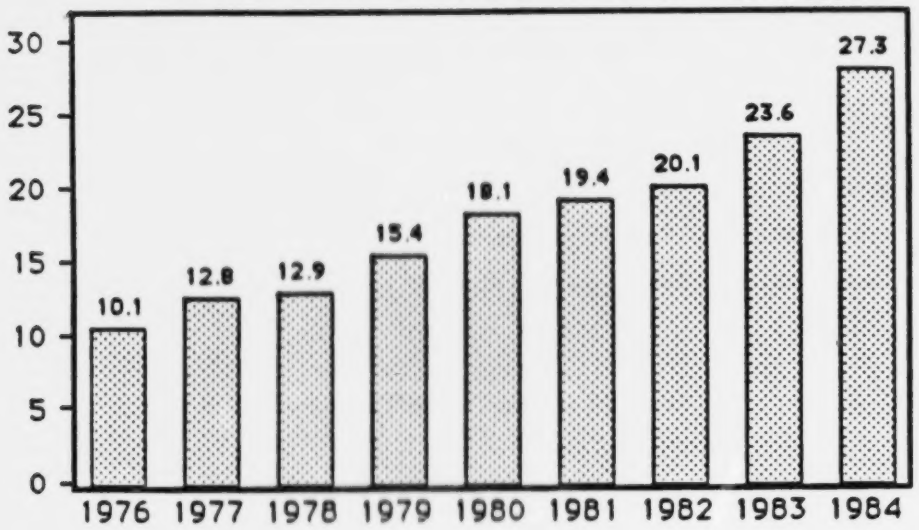
A. Physical Abuse: Non-accidental injury evidenced by bruises, broken bones, burns, abrasions, cuts, bites, and other physical injuries that need medical care.

B. Sexual Abuse: Includes any inappropriate sexual interaction with a child either physical or nonphysical and includes any attempts to exploit the child sexually. Incest, rape, and sodomy are violent forms of abuse, but exposing body parts, suggestive talk, and subjecting children to degrading sexual innuendo are also abusive.

C. Emotional Abuse: Characterized by any interaction with a child that damages self-esteem or psyche. Teasing, ridicule, and belittlement are damaging to children, yet unreasonable parental expectations can be far more destructive. Overprotective, dependent, or dictatorial caregivers can devastate a child. Parents who do not understand a youngster's developmental capabilities may inflict harsh criticism and/or punishment.

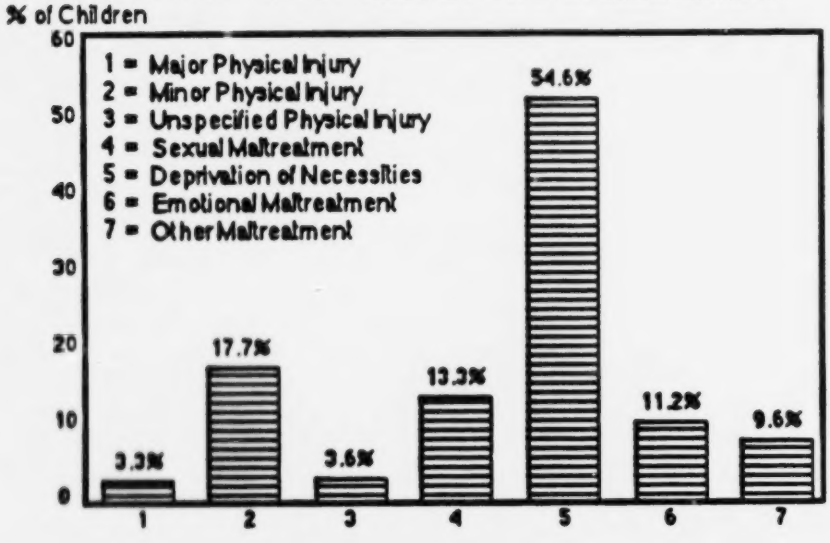
D. Neglect: Defined as deprivation of proper nourishment, clothing, shelter, medical care, and/or nurturing. Neglected children are often left without proper discipline or supervision. Parents who neglect their child are often under tremendous stress and have poor coping skills. Many are barely able to support themselves and either cannot or choose not to give their children proper care.

REPORTED CASES OF ABUSE IN THE U.S.A. 1976-1984



Total No. in Thousands	669	838	836	988	1,154	1,225	1,262	1,477	1,727

PERCENTAGE OF CASES BY TYPE OF MALTREATMENT



(Note that, because a child could experience more than one type of maltreatment, the total for all types of maltreatment exceeds 100%.)

CHART I
PHYSICAL AND BEHAVIORAL INDICATORS OF CHILD ABUSE AND NEGLECT

TYPE OF CA/N	PHYSICAL INDICTORS	BEHAVIORAL INDICATORS
PHYSICAL ABUSE	Unexplained Bruises and Welts – on face, lips, mouth – on torso, back, buttocks, thighs – in various stages of healing – clustered, forming regular patterns – reflecting shape of article used to inflict (electric cord, belt buckle) – on several different surface areas – regularly appear after absence, weekend or vacation Unexplained Burns – cigar, cigarette burns, especially on soles, palms, back or buttocks – immersion burns (sock like, glove like, doughnut shaped on buttocks or genitalia) – patterned like electric burner, iron, etc. – rope burns on arms, legs, neck or torso Unexplained Fractures – to skull, nose, facial structure – in various stages of healing – multiple or spiral fractures Unexplained Lacerations or Abrasions – to mouth, lips, gums, eyes – to external genitalia	Wary of Adult Contacts Apprehensive When Other Children Cry Behavioral Extremes – aggressiveness, or – withdrawal Frightened of Parents Afraid to go Home Reports of Injury by Parents
PHYSICAL NEGLECT	Consistent Hunger, Poor Hygiene, Inappropriate Dress Consistent Lack of Supervision, Especially in Dangerous Activities or Long Periods Unattended Physical Problems or Medical Needs Abandonment	Begging, Stealing Food Extended Stays at School (early arrival and late departure) Constant Fatigue, Listlessness or Falling Asleep in Class Alcohol or Drug Abuse Delinquency (e.g., theft) States There Is No Caretaker
SEXUAL ABUSE	Difficulty in Walking or Sitting Torn, Stained or Bloody Underclothing Pain or Itching in Genital Area Bruises or Bleeding of External Genitalia, Vaginal or Anal Areas Veneral Disease, Especially in Pre-teens Pregnancy	Unwilling to Change for Gym or Participate in Physical Education Class Withdrawal, Fantasy or Infantile Behavior Bizarre, Sophisticated or Unusual Sexual Behavior or Knowledge Poor Peer Relationships Delinquent or Run Away Reports of Sexual Assault by Caretaker
EMOTIONAL MALTREATMENT	Speech Disorders Lags in Physical Development Failure to thrive	Habit Disorders (sucking, biting, rocking, etc.) Conduct Disorders (antisocial, destructive, etc.) Neurotic Traits (sleep disorders, inhibition of play) Psychoneurotic Reactions (hysteria, obsession, compulsion, phobias, hypochondria) Behavior Extremes – compliant, passive – aggressive, demanding Overly Adaptive Behavior – inappropriately adult – inappropriately infant Developmental Lags (mental, emotional) Attempted Suicide

Factors That Pose a Risk for Physical Abuse

Child Characteristics

- Prematurity and Low Birth weight
- Handicapping condition
- Chronic illness
- Difficult temperament
- Behavior problems
- Age between birth and six years

Parent Characteristics

- Personal history of family dysfunction during childhood
- Lack of knowledge of normal child development
- Unrealistic expectations of children
- Inadequate child management techniques
- Overreliance on threats and physical punishment
- Expects child to fulfill own dependency needs
- Inaccurate attributions about intent of child actions
- Marital dysfunction

Environmental Factors

- Social isolation
- Lack of available support systems
- Financial problems, unemployment
- High mobility
- Large family size
- Societal use of physical punishment
- Current crisis situation

Social-Emotional Problems of Abused Children

Low self-esteem

Oppositional behavior

Compulsivity

Unresponsiveness to praise

Lack of Motivation

Social Withdrawal

Hypervigilance to adult cues

School learning problems

Fearfulness, clinging

Haphazard dress, messy work

Difficulty in making decisions

An impaired ability to enjoy life, apparently due to ineffective and anxious efforts to please others

Psychiatric symptoms such as enuresis, tantrums, hyperactivity, depression, and bizarre behavior

Inability to depend on or trust others

Little confidence in their ability to influence their own experiences, particularly in avoiding negative outcomes

Excessive avoidance and denial in anxiety-provoking situations
Inability to understand subtle and complex interpersonal relationships -- rigid and literal in orientation

Pseudo-adult or precocious behavior

In older students a tendency to be troublesome, selfish, boisterous, and chronically dissatisfied

CHARACTERISTICS OF FAMILIES WITH HANDICAPPED CHILDREN

Stress and increased demands on parent(s) because of:

- Excessive financial costs
- Stigma of having a handicapped child
- Excessive time required for personal care of handicapped child
- Social isolation
- Limitations in recreational activities
- Difficulty in handling behavior problems
- Limited time and energy to maintain marital relationship
- Balancing parental time with handicapped child and siblings
- Pessimism about the future

There are also critical periods that occur in families with a handicapped child. They are:

- When the child is identified as handicapped
- When medical and educational decisions arise
- When younger siblings surpass the skills of the handicapped child
- Occurrence of an unusual behavior or a health crisis
- When issues of guardianship and long-term adult care arise

COMMON CHARACTERISTICS OF HANDICAPPED CHILDREN

1. Learning/Cognitive Domain: Academic deficits, limitations in intellectual functioning, attentional problems, memory deficits, difficulty in generalization of information, language difficulties.

2. Behavioral Domain: Aggression, disruption, hyperactivity, impulsivity, tantrums, motor impairments.

3. Social Domain: Deficits in age-appropriate self-help skills, social withdrawal, social maladjustment, difficulties with interpersonal relationships.

4. Emotional/Personality Domain: Low self-esteem, learned helplessness, anxiety, inferiority, external locus of control, dependence, expectancy of failure, hostility.

The Role of Schools in Child Abuse Prevention/Intervention

With most social problems solutions require the cooperative efforts of professionals from the many disciplines or professions that interface with the phenomenon in question. In the case of child abuse/neglect the issue is no different. Thus, medicine, social welfare, psychology all have important responsibilities and contributions to make to the problem solution.

Education -- and specifically the school - likewise, has both responsibilities and contributions to make. And this goes beyond the - important - task of primary identification of abuse/neglect and conformity to the reporting statutes of the State. This responsiblity lies squarely in providing a

positive, appropriate learning environment for the abused child, one which includes interpersonal and curricular innovations. Educators must respond to the abused child with the recognition that he/she is seriously at risk for personal, social and academic failure and that the school experience is vital in efforts at early intervention and primary prevention. The school experience in toto must be seen as a force for "good or evil" with respect to the abused/neglected child; that the school experience can prevent the worst effects of abuse from being realized.

The school environment contains unique elements for making positive contributions to children who are at risk or are already abused:

(1) School is basicaly a place where all children go, where, all things being equal, all children want to be.

(2) The Teacher, and other school-based personnel may be the only stable persons in the at risk child's life. (All of us are familiar with the reluctance of so many abused children to go home at the end of the day).

(3) School, for many children represents the only secure, predictable environment they know.

(4) The inherent human desire to achieve, to succeed, is best "played out" in productive school experiences. Education is still -- for most persons - the avenue for social upward mobility and personal attainment.

(5) School "holds children captive" -- no other environment can demand the presence of the young for as long or as intensely as the school.

What opportunities exist in the school for productive interaction with the young! In concert with the other helping professions and in links to the family and broader community, education has both a singular and inter-disciplinary part to play in efforts at prevention and intervention.

RECEIVING A DISCLOSURE

Acoording to Grace Y. Miller, Child Abuse and Neglect/Truancy Officer, Broward County, Florida, a disclosure may or may not be intentional. Regardless of the intent, there are a number of things to keep in mind during the discussion phase:

1. Believe what the child has told you.

2. Tell the child that you are glad he/she has informed you, and let the child know that you are sorry about what happenned.

3. Be aware of your feelings during the disclosure, as children are sensitive to them at this time. Do not communicate feelings of horror, repugnance, or fright with the child. Your being quietly confident and comfortable are what the child needs most.

4. Communicate to the child that it is O.K. to talk about this to you. (The school is a safe place for this disclosure to take place.)

5. The child may feel guilty and need your reassurance that the abuse was not his/her fault. Do not attach blame to the child for the incident. Tell them that it's not their fault. It's always the older person's fault.

6. Allow the child to tell you about what happenned in a free and open manner. Let them proceed at their own pace, using language that is comfortable.

7. If it is incest being disclosed, any comments suggesting that he/she might be fabricating the story will activate fears of not being believed, and the child may choose to become silent. The abuser may have overtly or covertly threatened the child to remain silent.

8. Explain to the child that you are required to report it. State that the purpose of reporting is to get help for the family from people who work with this kind of problem so that it doesn't occur again.

9. Make no promises or guarantees to the child that are beyond your control. Don't promise to keep it a "secret."

From: Krupinski, E., & Weikel, D. Death from child abuse . . . and no one heard. Winter Park, FL: Currier-Davis Publishing.

SELECTED BIBLIOGRAPHY
ABUSE AND NEGLECT OF HANDICAPPED CHILDREN

Garbarino, J. (1987). What can the school do on behalf of the psychologically maltreated child and the community? School Psychology Review, 16, 181-187.

Garbarino, J., Guttman, E., & Seeley, J.W. (1988). The psychologically battered child. San Francisco: Jossey-Bass Publishers.

Goldstein, A.P., Keller, H., & Erne, D. (1985). Changing the abusive parent. Champaign, IL: Research Press.

Jaudes, P.K., & Diamond, L.J. (1985). The handicapped child and child abuse. Child Abuse and Neglect, 9, 341-347.

Krupinski, E., & Weikel, D. Death from child abuse . . . and no one heard. Winter Park, FL: Currier-Davis Publishing.

Money, J. (1982). Child abuse: Growth failure, IQ deficit, and learning disability. Journal of Learning Disabilities, 15, 579-582.

Nesbit, W.C., & Karaglanis, L.D. (1982). Child abuse: Exceptionality as a risk factor. The Alberta Journal of Educational Research, 28, 69-76.

Smith, S.L. (1984). Significant research findings in the etiology of child abuse. Social Casework: The Journal of Contemporary Social Work, 65, 337-346.

Starr, R.H., Dietrich, K.N., Fischhoff, J., Ceresnie, S., & Zweier, D. (1984). The contribution of handicapping conditions to child abuse. Topics in Early Childhood Special Education, 4, 55-69.

Steele, B.F. (1986). Notes on the lasting effects of early child abuse throughout the life cycle. Child Abuse and Neglect, 10, 283-291.

Wolfe, D.A. (1985). Child-abusive parents: An empirical review and analysis. Psychological Bulletin, 97, 462-482.

Zirpoli, T.J. (1986). Child abuse and children with handicaps. Remedial and Special Education, 7, 39-48.

Zirpoli, T.J., Snell, M.E., & Loyd, B.H. (1987). Characteristics of persons with mental retardation who have been abused by caregivers. Journal of Special Education, 21, 31-41.